

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(DO NOT USE WITH FORM PTO-876)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	1ST AMENDMENT	2ND AMENDMENT	IND.	DEP.	
1					51
2					52
3					53
4					54
5					55
6					56
7					57
8					58
9					59
10					60
11					61
12					62
13					63
14					64
15					65
16					66
17					67
18					68
19					69
20					70
21					71
22					72
23					73
24					74
25					75
26					76
27					77
28					78
29					79
30					80
31					81
32					82
33					83
34					84
35					85
36					86
37					87
38					88
39					89
40					90
41					91
42					92
43					93
44					94
45					95
46					96
47					97
48					98
49					99
50					100
STAT.	3				TOTAL IND.
56	19				TOTAL DEP.
58	22				TOTAL CLAIMS

1615-580 (3-76) PLEASE USE THIS FORM FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY